

Patient Name	: Mr.VARUN BHATIA	Collected	: 29/Mar/2024 10:47AM
Age/Gender	: 42 Y 5 M 27 D/M	Received	: 29/Mar/2024 12:22PM
UHID/MR No	: CELE.0000063925	Reported	: 29/Mar/2024 03:29PM
Visit ID	: RINDOPV9385	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: APT ID 407675		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.  
NO HEMOPARASITES SEEN



**Dr.Kritika Jain**  
**M.B.B.S,M.D(Pathology)**  
**Consultant Pathologist**

SIN No:BED240087405

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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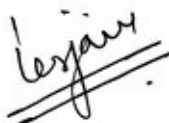


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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.5	g/dL	13-17	Spectrophotometer
PCV	42.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.21	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	<b>81</b>	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	<b>36.8</b>	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,800	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	66	%	40-80	Electrical Impedence
LYMPHOCYTES	29	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4488	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1972	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	68	Cells/cu.mm	20-500	Calculated
MONOCYTES	272	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.28		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	247000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	07	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBCs ARE NORMOCYTIC NORMOCHROMIC.				
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.				
PLATELETS ARE ADEQUATE.				
NO HEMOPARASITES SEEN				



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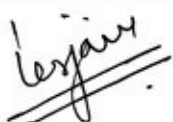
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

**Dr. Kritika Jain**  
**M.B.B.S, M.D (Pathology)**  
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Patient Name : Mr.VARUN BHATIA	Collected : 29/Mar/2024 02:06PM
Age/Gender : 42 Y 5 M 27 D/M	Received : 29/Mar/2024 03:17PM
UHID/MR No : CELE.0000063925	Reported : 29/Mar/2024 04:23PM
Visit ID : RINDOPV9385	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	114	mg/dL	70-100	GOD - POD

Kindly correlate clinically.

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

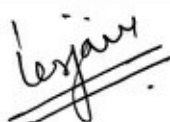
- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	115	mg/dL	70-140	GOD - POD

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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UHID/MR No	: CELE.0000063925	Reported	: 29/Mar/2024 07:59PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	mg/dL		Calculated


**Comment:**


Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

  
 Dr Nidhi Sachdev  
 M.B.B.S,MD(Pathology)  
 Consultant Pathologist

  
 Dr.Tanish Mandal  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	202	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	117	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	44	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	158	mg/dL	<130	Calculated
LDL CHOLESTEROL	134.68	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.37	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.56		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.06		<0.11	Calculated

Kindly correlate clinically.

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

Page 6 of 14



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SIN No:SE04680812

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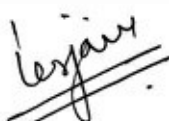
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.90	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21.22	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>16.6</b>	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	102.98	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.30	g/dL	6.3-8.2	Biuret
ALBUMIN	4.43	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>1.87</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.37</b>		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

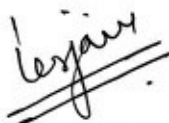
**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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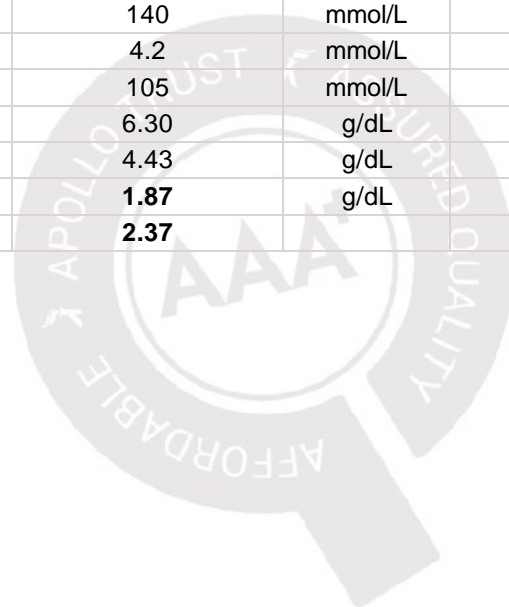


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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.97	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	32.85	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	15.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.13	mg/dL	3.5-7.2	Uricase
CALCIUM	<b>10.64</b>	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.62	mg/dL	2.5-4.5	PMA Phenol
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.30	g/dL	6.3-8.2	Biuret
ALBUMIN	4.43	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>1.87</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.37</b>		0.9-2.0	Calculated




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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	21.39	U/L	15-73	Glycylglycine Nitoranalide




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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.19	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.62	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.320	µIU/mL	0.34-5.60	CLIA

**Comment:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Dr. Tanish Mandal  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

SIN No: SPL24059237



Patient Name : Mr.VARUN BHATIA	Collected : 29/Mar/2024 10:47AM
Age/Gender : 42 Y 5 M 27 D/M	Received : 29/Mar/2024 04:42PM
UHID/MR No : CELE.0000063925	Reported : 29/Mar/2024 06:28PM
Visit ID : RINDOPV9385	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 407675	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.640	ng/mL	0-4	CLIA




Dr. Tanish Mandal  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist  
SIN No: SPL24059237



Patient Name	: Mr.VARUN BHATIA	Collected	: 29/Mar/2024 02:08PM
Age/Gender	: 42 Y 5 M 27 D/M	Received	: 29/Mar/2024 07:35PM
UHID/MR No	: CELE.0000063925	Reported	: 29/Mar/2024 07:39PM
Visit ID	: RINDOPV9385	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: APT ID 407675		

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE (+)		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	6 - 7	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 14



**Dr. Kritika Jain**  
**M.B.B.S, M.D (Pathology)**  
**Consultant Pathologist**

SIN No: UR2320439

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com



Patient Name : Mr.VARUN BHATIA	Collected : 29/Mar/2024 07:47PM
Age/Gender : 42 Y 5 M 27 D/M	Received : 29/Mar/2024 08:00PM
UHID/MR No : CELE.0000063925	Reported : 29/Mar/2024 09:04PM
Visit ID : RINDOPV9385	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 407675	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (+)		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

\*\*\* End Of Report \*\*\*




**Dr. Kritika Jain**  
**M.B.B.S, M.D (Pathology)**  
**Consultant Pathologist**

SIN No: UF011581

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com



<b>Patient Name</b>	: Mr. VARUN BHATIA	<b>Age/Gender</b>	: 42 Y/M
<b>UHID/MR No.</b>	: CELE.0000063925	<b>OP Visit No</b>	: RINDOPV9385
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 02-04-2024 16:56
<b>LRN#</b>	: RAD2286192	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: APT ID 407675		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER** : Liver is enlarged in size (17.3cm) and the parenchymal echotexture shows grade-1 diffuse fatty infiltration. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in course and calibre.

**GALL BLADDER** : Gall bladder appears echo free with normal wall thickness. No pericholecystic fluid noted. Common duct is not dilated.

**PANCREAS** : Pancreas is normal in size and echopattern.

**SPLEEN** : Spleen is normal in size, shape and echopattern. No focal lesion seen. Hilum is normal.

**KIDNEYS** : Both the kidneys are normal in position, shape, size, outline and echotexture. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact.

Visualized parts of the retroperitoneum do not reveal any lymphadenopathy.

**URINARY BLADDER** : Urinary bladder is normal in wall thickness with clear contents. No obvious

**PROSTATE** : Prostate is normal in size and echo-pattern. Capsule is intact.

No free fluid is seen in the peritoneal cavity.

**IMPRESSION:** Hepatomegaly with grade 1 Fatty infiltration of the liver.

SUGGEST CLINICAL CORRELATION

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

**Patient Name** : Mr. VARUN BHATIA

**Age/Gender**

: 42 Y/M



**Dr. SANGEETA AGGARWAL**  
MBBS, MD  
Radiology





भारत सरकार  
Government of India



वरुण भाटिया  
Varun Bhatia  
जन्म तिथि/DOB: 02/10/1981  
पुरुष/ MALE



2550 1964 7290

मेरा आधार, मेरी पहचान

## Health Check up Booking Confirmed Request(bobE17357),Package Code-PKG10000367, Beneficiary Code-299417

From: Mediwheel (wellness@mediwheel.in)

To: varun\_01k@yahoo.co.in

Cc: customercare@mediwheel.in

Date: Wednesday, 27 March, 2024 at 04:56 pm IST



**Mediwheel**  
...Your wellness partner

**011-41195959**

```
payment_mode == 'Credit' || $bookingDetails->payment_mode == 'Cashless') {';
} -->
```

Dear **MR. BHATIA VARUN**,

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Mediwheel Full Body Annual Plus Above 50 Male

**Patient Package Name** : Mediwheel Full Body Health Checkup Male Above 40

**Name of Diagnostic/Hospital** : Apollo Cradle and Children Hospital

**Address of Diagnostic/Hospital** : NH1, Shakti Khand 2, Indirapuram, Ghaziabad, Uttar Pradesh â€” 201014

**City** : Ghaziabad

**State** : Uttar Pradesh

**Pincode** : 201014

**Appointment Date** : 29-03-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:30am

**Booking Status** : Booking Confirmed

### Member Information

Booked Member Name	Age	Gender
MR. BHATIA VARUN	43 year	Male

**Note - Please note to not pay any amount at the center.**

### Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.

MER- MEDICAL EXAMINATION REPORT



Date of Examination		29/03/14	
NAME:		Moi - Varun Bhatta	
UHID:		63925	
AGE/ Gender	42y 1m	BMI :	23.7 kg/m <sup>2</sup>
HEIGHT(cm)	175 cm	WEIGHT (kg)	72.7 kg
TEMP:	98.4 F	PULSE:	86
B.P:	120/80 mmHg	RESP:	20
ECG:	None		
X Ray:	None		
Vision Checkup	Attained		
Present Ailments	No		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	Fit		
Pathology Finding	Non significant		

Dr. SHAILENDRA KUMAR,  
M.B.B.S.  
Regd. No. DMC-12232  
Apollo Cradle and Children's  
NH-1, Shakti Khand 2, Inc.  
Ghaziabad, Uttar Pradesh-201014  
Signature with Stamp of Medical Examiner

Address: NH-1, Shakti Khand 2, Indirapuram, Ghaziabad, Uttar Pradesh – 201014.  
Ph No: +91 88106 85179, 1860 500 4424

**Apollo Specialty Hospitals Private Limited**

(Formerly known as Nova Specialty Hospitals Private Limited) CIN - U85100TG2009PTC099414

Regd Office: #7-1617/A, 615 & 616, 7<sup>th</sup> Floor, Imperial Towers, Opp: Ameerpet Metro Station, Ameerpet, Hyderabad - 500038.  
Ph No: 040 - 4904 7777, Fax No: 4904 7744 | www.apollocradle.com | Email ID: info.cradle@apollocradle.com

## APOLLO CRADLE- INDRAPURAM

### DIET CHART

NAME: Varun Anand

DATE: 30/3/24

AGE:

UHID:

Take high protein, high fiber diet  
Avoid excess carbs, starch,

### DIETARY ADVICE FOR A HEALTHY LIFESTYLE

1. Consume at least 500 ml. of milk per day (including coffee, tea, curd and buttermilk) preferably toned or double toned.
2. Use whole grains and pulses rather than refined cereals like maida.
3. If mixing cereals with pulses for chapathi, use in the following proportion; 4 parts of cereal + 1 part of soya atta.
4. Liberal intake of green leafy vegetables in the form of soups, salads, mixed vegetable raita, cooked vegetables as sabzis etc.
5. Judicious intake of roots and tubers like potatoes, colocasia, sweet potato, yam, etc.
6. Prefer taking fruits over their juices. Low calorie fruits like apple, papaya, pear, peach, orange, sweet lime melon, pomegranate, guava should be preferred.
7. Select roasted snacks such as channa, puffed rice and heart healthy nuts like almonds, walnuts and choose low fat milk beverages over other unhealthy option.
8. Consume at least 2 liter of water every day.
9. A gap of 2 hours is required between dinner and bed time.
10. Cultivate the habit of having food at smaller intervals and in small quantities like 3 major meals and 3-4

small sneaks in between (fruits, salad and buttermilk)

11. Include white meat only i. e. chicken, fish and egg white in the grilled, boiled or curry form.

### FOOD TO BE AVOIDED

1. Extra sugar in the form of excess coffee, tea, sweets, glucose, soft drinks, honey, jams, jellies, candies, ice cream and other sweetened beverages.
2. Deep fried items such as samosa, Kachori, Namkeen, parathas, wafer etc. Eating bakery products on a daily basis.
3. Red meat like lamb (mutton), prawns, crab and organ meat.
4. Dried fruits like coconut and cashew nuts etc.
5. Fruits like avocados, mango, chikoo, grapes, custard apple, jackfruit and big bananas on a daily basis.
6. Extra salt on the table (top salt) daily consumption of pickles, papads, ready-to-eat food, processed foods, salted nuts, salted fish and chutney powders which contain salt as a major preserving agent.

Avoid sweets, Rice

Address: NH-1, Shakti Khand 2, Indrapuram, Ghaziabad, Uttar Pradesh 201014

Date:

Dr. Nishant Tyagi  
B.D.S. | M.D.S.  
PROSTHODONTIST AND ORAL IMPLANTOLOGIST,  
Sr. Consultant Dental  
Mobile Number: +91 7290917079 | 7290987079 → Dr. Bhunia,



PATIENT NAME:	Vaani Bhatia
UHID:	

O/E: Stain present  
Calculus +  
Food deposit with 239

Referred: oral prophylaxis

Doctor Signature

Address: NH-1, Shakti Khand 2, Indirapuram, Ghaziabad, Uttar Pradesh - 201014.  
Ph No: +91 88106 85179, 1860 500 4424

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Regd Office: #7-1617/A, 615 & 616, 7<sup>th</sup> Floor, Imperial Towers, Opp: Ameerpet Metro Station, Ameerpet, Hyderabad - 500038.  
Ph No: 040 - 4904 7777, Fax No: 4904 7744 | www.apollocradle.com | Email ID: info.cradle@apollocradle.com

Vision (To be checked by eye specialist):

General Eye examination: Mr. Vaxun Bhatia

UHID CELE-63925

		Rt	Lt	Colour Vision (Pls V Mark Applicable)	
Visual Acuity	Distance	6/18	6/18	Normal Colour vision	<input checked="" type="checkbox"/>
	Near	N.C	N.C	Total colour deficiency	<input type="checkbox"/>
Corrected Vision	Distance	6/9	6/6	Partial Colour Deficiency	<input type="checkbox"/>
	Near	N.C	N.C	<i>binocularly</i>	
Power of lens	Spherical	-1.00	-0.75	If partial - pl. mention	
	Cylindrical	-2.00	-1.50		
	Axis	180	40		

*Add:- +1.25 DS*

	Yes	No
Squint	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nystagmus Night	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blindness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other eye disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes pl. give details \_\_\_\_\_

**NAMRATA MAHESHWARI**  
D.Orthopt, B.Opt, C.C.L.P., F.C.L.I.  
Consultant Optometrist  
Contact Lens & Pediatric Specialist

*Namrata*  
Signature of Ophthalmologist

Address: NH-1, Shakti Khand 2, Indirapuram, Ghaziabad, Uttar Pradesh 201014

Ph No: +91 88106 85179, 1860 500 4424

Mr. Vaun Bhatia

Male 42 Years

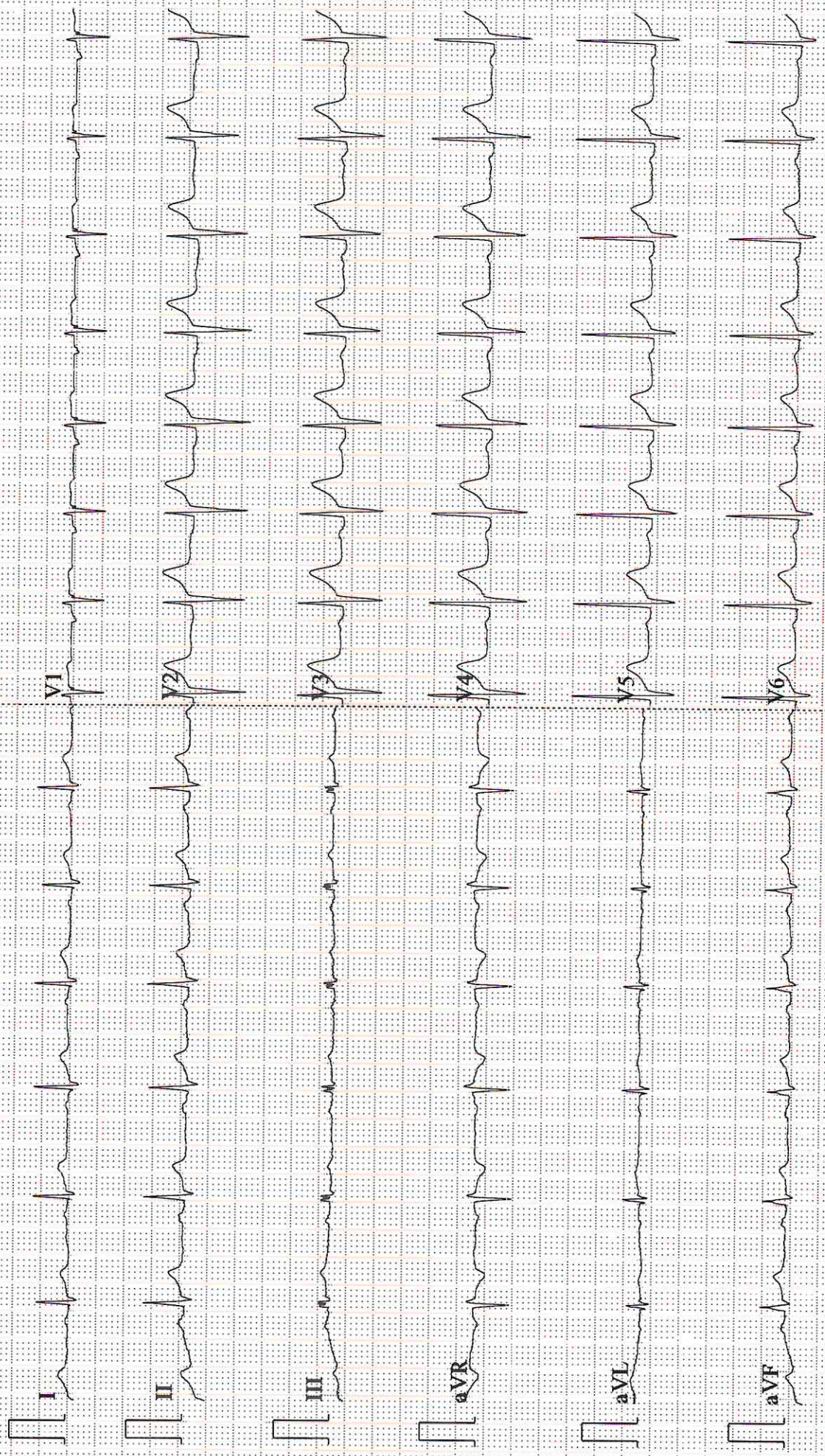
Req. No. :

Diagnosis Information:

Sinus Arrhythmia

HR : 87 bpm  
 P : 98 ms  
 PR : 162 ms  
 QRS : 79 ms  
 QT/QTcBz : 323/390 ms  
 P/QRS/T : 31/41/51 °  
 RV5/SVI : 1.376/0.582 mV

Report Confirmed by:



# Apollo Clinic

## CONSENT FORM

Patient Name: Vaani Phatig Age: 42

UHID Number: ..... Company Name: Bank of Baroda

I Mr/Ms/Ms Vaani Phatig Employee of Bank of Baroda

(Company) Want to inform you that I am not interested in getting USCT Pending - 01/04/24

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 29/2/2024



USG TEST PENDING

<b>Patient Name</b>	: Mr. VARUN BHATIA	<b>Age/Gender</b>	: 42 Y/M
<b>UHID/MR No.</b>	: CELE.0000063925	<b>OP Visit No</b>	: RINDOPV9385
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 29-03-2024 15:52
<b>LRN#</b>	: RAD2286192	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: APT ID 407675		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both the lung fields and hilar shadows appears normal.

There is no obvious active pleuro-parenchymal lesion seen.

Both the costophrenic and cardiophrenic angles are clear.

Cardiac size appears within normal limits.

Both dome of hemidiaphragms are normal in position and contour.

Thoracic wall and soft tissues under view appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. SANGEETA AGGARWAL**  
**MBBS, MD**  
Radiology

Patient Name : Mr. VARUN BHATIA Age : 42 Y/M  
UHID : CELE.0000063925 OP Visit No : RINDOPV9385  
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 29-03-2024 13:07  
Referred By : SELF

---

### **2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.80 CM
LA (es)	3.30 CM
LVID (ed)	3.90 CM
LVID (es)	2.72 CM
IVS (Ed)	1.27 CM
LVPW (Ed)	1.22 CM
EF	58.00%
%FD	28.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mr. VARUN BHATIA	Age	: 42 Y/M
UHID	: CELE.0000063925	OP Visit No	: RINDOPV9385
Conducted By:	: Dr. SANJIV KUMAR GUPTA	Conducted Date	: 29-03-2024 13:07
Referred By	: SELF		

---

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES NORMAL

PWD: A>E AT MITRAL INFLOW NORMAL

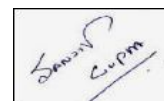
VELOCITY ACROSS THE AV NORMAL

**IMPRESSION:**

GOOD LV/RV FUNCTION

NO MR/NO AR /NO TR/NOPAH.NO CLOT

NO PERICARDIAL EFFUSION.

A small rectangular box containing a handwritten signature in black ink. The signature appears to be "Sanjiv K. Gupta" written in a cursive style.

Patient Name : Mr. VARUN BHATIA Age : 42 Y/M  
UHID : CELE.0000063925 OP Visit No : RINDOPV9385  
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 29-03-2024 13:07  
Referred By : SELF

---

Dr. SANJIV  
KUMAR  
GUPTA